



National Association of Regional Medical Programs, Inc.

PURPOSES:

NARMP, Inc. undertakes as its primary responsibility to serve its members in the following ways:

- Assisting in the professional development of members so that they may better serve in their own field of endeavor.
- Fostering exchange of information on issues affecting Regional Medical Programs between and among individual programs, their staffs and volunteer constituents, affiliated institutions and organizations, and Federal, State, and local bodies established for the purpose of improving the Nation's health care system.
- Promoting and furthering the goals and objectives of Regional Medical Programs as cited in Public Law 89-239 and successor laws and amendments.
- Providing a mechanism to be responsive to the professional needs, goals and objectives of its membership.

MEMBERSHIP & DUES:

Annual membership is available to individuals and organizations in the following categories:

• Individual Membership: Any individual employed, engaged, or otherwise serving in an advisory capacity in a health related field with goals and objectives similar to those of Regional Medical Programs. All members are eligible to vote and hold office.

*Non-Regional Medical Program Employees\$10 *Regional Medical Program Employees -Salary under 7,000\$5 -Salary between 7,000-9,999 ...\$10 -Salary between 10,000-14,999 ...\$15 -Salary between 15,000-19,999 ...\$25 -Salary between 20,000-29,999 ...\$35 -Salary 30,000 and over\$50

• Institutional Membership: Any institution, organization, or corporation that is interested in the goals and objectives of Regional Medical Programs may become an institutional member and may designate a representative who is eligible to vote and hold office.

*Institutional	Members	 \$100
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(All dues to the National Association of Regional Medical Programs, Inc. are tax-deductible.)

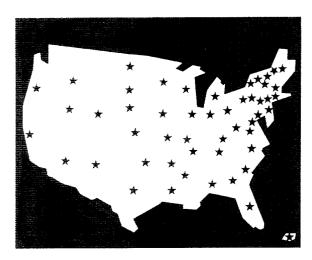
MEMBERSHIP FORM

NAME	below:	
ADDRESS	Individual: RMP Employee	
	Non-RMP Employee	
PHONE	Institutional:: Indicate name of official representative	
AFFILIATION/TITLE	I enclose my check made payable to National Association of Regional Medical Programs, Inc. in the amount of \$for a one year membership commencing on	
Please send check and this form to:	the 1st of the month following receipt by NARMP, Inc. of my check.	
National Association of Regional Medical Programs, Inc. 2929 Main Street—Buffalo, New York 14214		
	(Signature)	

I desire membership in the National Association of

Regional Medical Programs Inc. in the category checked

NARMP, INC. is a professional organization created to serve individuals and organizations engaged in developing and implementing health care services.







Organization: The National Association of Regional Medical Programs, Inc. was incorporated on September 5, 1973 in the State of New York as a non-profit organization. Telephone: 716/835-0749

Board of Directors:

John R. F. Ingall, M.D.—Chairman Buffalo, New York Donal R. Sparkman, M.D. Seattle, Washington Paul D. Ward—Oakland, California Robert P. Lawton—Sarasota, Florida J. Gordon Barrow, M.D. Atlanta, Georgia Benjamin Morgan—Buffalo, New York